

## BUSINESS DECLARATION

Tax Identification No.: \_\_\_\_\_

1 Name of Firm: \_\_\_\_\_

DUNS No.: \_\_\_\_\_

2 Address of Firm: \_\_\_\_\_

3 a. Telephone Number of Firm: \_\_\_\_\_

b. Fax Number of Firm: \_\_\_\_\_

4 a. Name of Person Making Declaration \_\_\_\_\_

b. Telephone Number of Person Making Declaration \_\_\_\_\_

c. Position Held in the Company \_\_\_\_\_

5 Controlling Interest in Company ("X" all appropriate boxes)

☐

a. Black American

☐

b. Hispanic American

☐

c. Native American

☐

d. Asian American

☐

e. Other Minority (Specify) \_\_\_\_\_

☐

f. Other (Specify) \_\_\_\_\_

☐

g. Female

☐

h. Male

☐

i. 8(a) Certified (Certification letter attached)

☐

j. Service Disabled Veteran Small Business

6 Is the person identified in Number 4 above, responsible for day-to-day management and policy decision making, including but not limited to financial and management decisions?

☐

a. Yes

☐

b. No

(If "NO," provide the name and telephone number of the person who has this authority.) \_\_\_\_\_

7 Nature of Business (Specify all services/products (NAIC)) \_\_\_\_\_

8 (a) Years the firm has been in business \_\_\_\_\_

(b) No. of Employees \_\_\_\_\_

9 Type of Ownership:

☐

a. Sole Ownership

☐

b. Partnership

☐

c. Other (Explain) \_\_\_\_\_

10 Gross receipts of the firm for the last three years:

a.2. Year  
Ending: \_\_\_\_\_

b.2. Gross  
Receipts \_\_\_\_\_

a.1. Year  
Ending: \_\_\_\_\_

b.1. Gross  
Receipts \_\_\_\_\_

a.3. Year  
Ending: \_\_\_\_\_

b.3. Gross  
Receipts \_\_\_\_\_

11 Is the firm a small business? ☐ a. Yes ☐ b. No

12 Is the firm a service disabled veteran owned small business? ☐ a. Yes ☐ b. No

13 Is the firm a socially and economically disadvantaged small business? ☐ a. Yes ☐ b. No

**I DECLARE THAT THE FOREGOING STATEMENTS CONCERNING** \_\_\_\_\_

**ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF. I AM**

**AWARE THAT I AM SUBJECT TO CRIMINAL PROSECUTION UNDER THE PROVISIONS OF 18 USCS 1001.**

14. a.

Signature \_\_\_\_\_

b. Date: \_\_\_\_\_

c. Typed  
Name \_\_\_\_\_

d. Title: \_\_\_\_\_